FINANCIAL ASSISTANCE PROGRAM POLICY

PURPOSE:

At Gentle Dental, an important part of our mission is to provide quality dental care to the diverse communities that we serve. We recognize that many people are concerned with the financial challenges of their dental care. The Gentle Dental Financial Assistance Program offers need-based support to patients who may not have the financial means to pay for their dental expenses.

Effective June 1, 2019, certain of our Gentle Dental offices are offering this Financial Assistance Program, which is a "sliding scale discount program" for eligible uninsured, underinsured, and/or low income patients, based on household income and family size, and indexed to the Federal Poverty Level ("FPL") guidelines in order to ensure fairness in the administration of these discounts. The Financial Assistance Program covers certain primary care dental services provided by approved Gentle Dental providers.

PROCEDURE:

Notification

The front desk staff at the participating Gentle Dental office will be responsible to offer patients information about the Financial Assistance Program, screen them for eligibility, and provide presenting patients with the Financial Assistance Program Policy and Application documents. Notification of the Financial Assistance Program will also be placed in the participating Gentle Dental office front desk or waiting area, and in an online statement on webpage of the participating Gentle Dental offices.

Application Process

To be considered for participation in the Financial Assistance Program, patient/responsible party must complete the Financial Assistance Program Application in its entirety. Applications will be available at the front desk of the participating Gentle Dental office.

If approved, the Application will be approved for one year. Patients must complete an application annually and furnish proof of income, as described below. If patients do not have proof of income they must provide a statement describing how they are supporting themselves.

Eligibility

Discounts will be based on income and family size only (defined below). As set forth in the Purpose statement above, as eligibility is based on financial need, proof of household income is required. Gentle Dental will evaluate your application along with all required documentation to determine your eligibility for the Financial Assistance Program and will treat all information submitted confidentially. Eligibility will be re-evaluated at least

annually and at any time there is a change in one or more of the application criteria.

- *Income* includes: gross wages; salaries; tips; income from business and self-employment; unemployment compensation; workers' compensation; Social Security; Supplemental Security Income; veterans' payments; survivor benefits; pension or retirement income; interest; dividends; royalties; income from rental properties, estates, and trusts; alimony; child support; assistance from outside the household; and other miscellaneous sources
- *Family size* refers to the number of individuals living in a single household who are related by blood, marriage, or adoption. This includes parents, children, and other dependents such as grandparents or other relatives. Family size is an important factor in determining the household's total family income, which encompasses the combined income of all members of the family from various sources.

Each member of a family is classified according to the total income of the family. Unrelated household members will be classified according to their own income.

Gentle Dental reserves the right to modify the criteria considered for eligibility without notice. We do not require Medicare, Medicaid, or Children's Health Insurance Program application or proof of denial before allowing a patient to apply and be eligible for the Financial Assistance Program.

We will not discriminate on the basis of age, gender identity, race, sexual orientation, color, creed, religion, disability, or national origin when making financial assistance eligibility determinations.

Discounts

Once the Financial Assistance Program Application has been approved, qualified applicants will receive a discount based on a sliding fee schedule. Gentle Dental will offer sliding fee scale discounts on primary care services for qualifying patients, pursuant to the Financial Assistance Program Fee Schedule set forth in Attachment A. Primary care services for purposes of this Financial Assistance Program are defined as those dental services covered by the Oregon Health Plan. If a patient has existing coverage, the sliding fee schedule offered by the Financial Assistance Program shall apply only to primary care services not covered by patient's insurance or government-sponsored benefit plans, including OHP and Medicare.

Discount Limitations

Cosmetic and elective services are not covered. There may also be additional charges for lab services. Sliding fee scale discounts apply only to services provided directly by Gentle Dental at the approved participating locations set forth in Attachment B. Fees for labs, supplies, equipment and services not provided by Gentle Dental are determined by the entity providing them.

Sliding fee scale discounts will be reviewed annually, and Gentle Dental reserves the right to withdraw, suspend and/or modify the Program at any time. Previously approved treatment plans will continue to be honored through completion.

Qualified patients for the discounts set forth in Financial Program Fee Schedule are those with all incomes at or below 200% of the Federal Poverty Guidelines based upon total gross household income and the number of persons residing in the household. Any amount due based on the sliding fee scale will be collected at the time of service.

Under no circumstances will Gentle Dental waive or discount amounts that do not meet the requirements outlined in this policy or the Program. This Program is not to attract or retain patients, but to assist qualifying patients who cannot afford primary care services.

No debt will be collected for Sliding Fee Schedule Discount Program patients.

If you have any questions about the Gentle Dental Financial Assistance Program, or wish to schedule an appointment, please contact us at (971) 239-1825.

Attachments:

Attachment A: Financial Assistance Program Fee Schedule

Attachment B: Gentle Dental Financial Assistance Program Participating Locations

Attachment A

FINANCIAL ASSISTANCE PROGRAM FEE SCHEDULE:

	Poverty Level Annual Salary Ranges					
Family Size	= or <100%	Up to 125%	Up to 150%	Up to 175%	UP to 200%	> 200%
1	15,960	19,959	23,940	27,930	31,920	
2	21,640	27,050	32,460	37,870	43,280	
3	27,320	34,150	40,980	47,810	54,640	
4	33,000	41,250	49,500	57,750	66,000	
5	38,680	48,350	49,500	57,750	66,000	
6	44,360	55,450	66,540	77,630	88,720	
7	50,040	62,550	75,060	87,570	100,080	
8	55,720	69,650	83,580	97,510	111,440	
Each additional person, add	5,680	7,100	8,520	9,940	11,360	
Fee/ Discount	100%	80%	60%	40%	20%	0%

Attachment B

Gentle Dental Financial Assistance Program Participating Locations

Gentle Dental Albany	Gentle Dental Medford Main
Gentle Dental Albany Children's	Gentle Dental Newberg
Gentle Dental Albany Pacific	Gentle Dental North Eugene
Gentle Dental Bend	Gentle Dental Northgate
Gentle Dental Broadway	Gentle Dental Oracle
Gentle Dental Coburg Station	Gentle Dental Panama
Gentle Dental Corvallis	Gentle Dental Redmond OR
Gentle Dental Dallas	Gentle Dental Reno Northwest
Gentle Dental Eugene	Gentle Dental Reno South
Gentle Dental Grants Pass	Gentle Dental Rosedale
Gentle Dental Ina Road	Gentle Dental Sheridan
Gentle Dental Irvington	Gentle Dental Skyline
Gentle Dental Keizer Station	Gentle Dental Sparks
Gentle Dental Kids Medford	Gentle Dental Springfield
Gentle Dental Klamath Falls	Gentle Dental Stockdale
Gentle Dental Lacey	Gentle Dental Tehachapi
Gentle Dental Lancaster	Gentle Dental Tri Pointe
Gentle Dental Lebanon	Gentle Dental Valley
Gentle Dental Lincoln City	Gentle Dental Valley River
Gentle Dental Marana	Gentle Dental West Salem
Gentle Dental McMinnville	Gentle Dental Woodburn